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**NOTE**

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From:	General Secretariat of the Council
To:	Delegations
No. prev. doc.:	5716/26
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Subject:	Proposal for a Regulation of the European Parliament and of the Council on jurisdiction, applicable law, recognition and enforcement of measures and cooperation in matters relating to the protection of adults – Redraft of Annexes I to VIIIb

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Delegations will find in the Annex a redraft of the above-mentioned Regulation, by the Cyprus Presidency. It covers annexes I to VIIIb.

Changes in comparison to the last version of the redraft (ST 5716/26) are indicated **in bold and underline** or strikethrough.

## ANNEX I

**ATTESTATION**  
**CONCERNING A MEASURE DIRECTED TO THE PROTECTION OF AN ADULT**  
(Article 15 of Regulation (EU) 20XX/XX)

*To be issued by a **court** of the Member State of origin, upon application by any person **demonstrating a legitimate interest**, for the recognition, non-recognition or enforcement of a measure directed at the protection of an adult.*

**Non-mMandatory fields are marked with an \***

**1. Member State where the measure was taken ('Member State of origin'):**

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  Spain  
 France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  Hungary  Malta  
 Netherlands  Austria  Poland  Portugal  Romania  Slovenia  Slovakia  Finland  
 Sweden

**2. Court of the Member State of origin issuing this attestation**

2.1 Name of the **court**:

2.2 Address

2.2.1 Street and number/PO box:

2.2.2 Place:

**2.2.3 Postcode:**

2.3 Contact details

2.3.1. Telephone\*:

2.3.2. E-mail\*:

**2.3.3 Other contact information\*:**

**3. Court which took the measure\* (mandatory, if different from the one indicated in point 2)**

3.1 Name of the **court**:

3.2 Address:

3.2.1 Street and number/PO box:

3.2.2 Place:

**3.2.3 Postcode:**

3.3 Contact details

3.3.1 Telephone\*:

3.3.2. E-mail\*:

**3.3.3 Other contact information\*:**

#### **4. Measure**

4.1 Date (dd/mm/yyyy):

4.2 Reference number:

#### **5. Adult covered by the measure ('adult')**

5.1 Surname(s):

**5.1a Given name(s):**

5.2 Surname(s) at birth (**if different from point 5.1**)\*:

5.3 Date (dd/mm/yyyy) of birth:

**5.3a. Place of birth (if available)\*:**

5.4 Nationality:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

Other (please specify ISO-code):

Unknown

5.5 Identification number<sup>1\*</sup>

5.5.1 National identity number:

5.5.2 Social security number:

5.5.3 Tax number:

5.5.4 Other (please specify)\*:

5.6 Address:

5.6.1 Street and number/PO box:

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<sup>1</sup> Please indicate the most relevant number, if applicable.

5.6.2 Place:

**5.6.2a** Postcode:

5.6.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden  
 Other (please specify ISO-code):

5.7 Contact details:

5.7.1 Telephone\*:

5.7.2 E-mail\*:

5.7.3 Other contact information\*:

**6. The measure is subject to appeal** under the law of the Member State of origin

- Yes.**  
 **No.**

**7. Legal effect and enforceability**

**7.1 The measure is enforceable in the Member State where the measure was taken**

- Yes.**  
 **No.**

**7.2 Date of legal effect of the measure in the Member State where the measure was taken**

(dd/mm/yyyy):

**7.3 Any additional information (if relevant)\*:**

**8. The adult was given the opportunity to ~~express his or her views~~be heard:**

8.1  **Yes, in the following manner:** ~~the hearing of the adult took place on (dd/mm/yyyy):~~

~~8.2  Yes, but the adult **did not make use of the opportunity** to be heard.~~

8.3  **No, for the following reasons<sup>2</sup>:**

**8.2.1 Nevertheless, the adult's will and preferences have been given due weight in the following manner\*:**

**9. Name(s) of party(ies) who benefited from legal aid\***

<sup>2</sup> According to Article 10, this could be because of the urgency of the case or where the adult was unable to express his or her views. An example of urgency is a situation where the adult must undergo an urgent medical surgery. Urgency also includes the situation where there is an imminent danger for the adult's property.

9.1  Adult: as indicated in point 5

9.2  ~~Other party~~ **Representative: as** indicated in point 13

**9.3  Other persons or bodies: as indicated in point 14**

9.3  None of them

**10. The measure (one or more entries, as relevant):**

10.1  concerns measures to support an adult in exercising his or her legal capacity.

10.2  concerns the **determination of the incapacity** of the adult

10.3  institutes a protective regime.

10.3a  institutes guardianship, curatorship ~~or~~ and analogous institutions

10.4  places the adult under the protection of a judicial or administrative authority.

10.5  designates one or several person(s) or body(ies) having charge of the adult's person or property, representing or assisting the adult (if this box is ticked please fill in point 13 and 14)

10.6  places or authorises the placement of the adult in an establishment or other place where protection can be provided.

10.7  authorises or decides on the administration, conservation or disposal of the adult's property.

10.8  authorises a specific intervention for the protection of the person or property of the adult.

10.9  Other (please specify):

**11. Content of the measure<sup>3</sup>:**

**12. The measure**

12.1  expires on (dd/mm/yyyy)\*:

12.2  will be reviewed on (dd/mm/yyyy)\*:

12.3  is valid until amended or revoked\*

12.4  Other (please specify):

**13. Representative (if appointed) ~~and/or other persons or bodies involved in the protection of the adult~~<sup>4</sup>**

<sup>3</sup> Please describe the measure, ~~in detail~~. E.g. for placement, indicate the reasons and circumstances of the placement; for immovable property, the address; for financial assets, account details, etc.

<sup>4</sup> If there is more than one representative, ~~and/or other person or body involved in the protection of the adult~~, please attach additional sheets, numbering them as 'A', 'B' etc. as necessary.

**13.1 ~~This person or body is appointed as representative:~~**

~~Yes, please fill in point 14.~~

~~No.~~

**13.1  Natural person**

**13.1.1 Surname(s):**

**13.1.2 Given name(s):**

**13.1.3 Surname(s) at birth (if different from point 13.1.1)\*:**

**13.1.4 Date (dd/mm/yyyy) of birth:**

**13.1.5 Place of birth (if available)\*:**

**13.1.6 Identification number<sup>5</sup>\***

**13.1.6.1 National identity number:**

**13.1.6.2 Social security number:**

**13.1.6.3 Tax number:**

**13.1.6.4 Other (please specify)\*:**

**13.1.7 Address\***

**13.1.7.1 Street and number/PO box:**

**13.1.7.2 Place:**

**13.1.7.3 Postcode:**

**13.1.7.4 Country:**

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland

Greece  Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania

Luxembourg  Hungary  Malta  Netherlands  Austria  Poland

Portugal  Romania  Slovenia  Slovakia  Finland  Sweden

Other (please specify ISO-code):

**13.2  Legal person**

**13.2.1 Name of the organisation:**

**13.2.2 Registration of the organisation**

**13.2.2.1 Registration number:**

**13.2.2.2 Date (dd/mm/yyyy):**

PUBLIC

<sup>5</sup> Please indicate the most relevant number, if applicable.

**13.2.2.3 Place of registration:**

**13.2.3 Address of the organisation**

**13.2.3.1 Street and number/PO box:**

**13.2.3.2 Place:**

**13.2.3.3 Postcode:**

**13.2.3.4 Country:**

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Greece  Spain  
 France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  
 Slovenia  Slovakia  Finland  Sweden  
 Other (please specify ISO– code):

**13.2.4 Person authorised to sign for the organisation**

**13.2.4.1 Surname(s)**

**13.2.4.2 Given name(s)**

**13.2.5 Other relevant information (please specify)\*:**

**13.2.6 Contact details**

**13.2.6.1 Telephone\*:**

**13.2.6.2 E-mail\*:**

**13.2.6.3 Other contact information\*:**

**13.3 Powers of the representative(s) appointed**

**13.3.1 Representative is in charge of the adult's person**

**13.3.1.1  for the following acts:**

**13.3.1.2  subject to the authorisation of:**

**13.3.2 The representative's powers are limited to only supporting the adult**

**Yes (please specify):**

**No.**

**14. Other persons or bodies involved in the protection of the adult<sup>6\*</sup>**

**14.1  Natural person**

<sup>6</sup> If there is more than one other person or body involved, please attach additional sheets, numbering them as 'A', 'B' etc. as necessary.

**14.1.1 Surname(s):**

**14.1.2 Given name(s):**

**14.1.3 Surname(s) at birth (if different from point 14.1.1)\*:**

**14.1.4 Date (dd/mm/yyyy) of birth:**

**14.1.5 Place of birth (if available)\*:**

**14.1.6 Identification number<sup>7\*</sup>**

**14.1.6.1 National identity number:**

**14.1.6.2 Social security number:**

**14.1.6.3 Tax number:**

**14.1.6.4 Other (please specify)\*:**

**14.1.7 Address**

**14.1.7.1 Street and number/PO box:**

**14.1.7.2 Place:**

**14.1.7.3 Postcode:**

**14.1.7.4 Country:**

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland

Greece  Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania

Luxembourg  Hungary  Malta  Netherlands  Austria  Poland

Portugal  Romania  Slovenia  Slovakia  Finland  Sweden

Other (please specify ISO-code):

**14.2  Legal person**

**14.2.1 Name of the organisation:**

**14.2.2 Registration of the organisation**

**14.2.2.1 Registration number:**

**14.2.2.2 Date (dd/mm/yyyy):**

**14.2.2.3 Place of registration:**

**14.2.3 Address of the organisation**

**14.2.3.1 Street and number/PO box:**

**14.2.3.2 Place:**

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<sup>7</sup> Please indicate the most relevant number, if applicable.

**14.2.3.3 Postcode:**

**14.2.3.4 Country:**

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Greece  Spain

France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania

Slovenia  Slovakia  Finland  Sweden

Other (please specify ISO- code):

**14.2.4 Person authorised to sign for the organisation**

**14.2.4.1 Surname(s)**

**14.2.4.2 Given name(s)**

**14.2.5 Other relevant information (please specify)\*:**

**14.2.6 Contact details**

**14.2.6.1 Telephone\*:**

**14.2.6.2 E-mail\*:**

**14.2.6.3 Other contact information\*:**

**15. The measure determines costs and expenses of the proceedings<sup>8\*</sup>**

15.1 The decision provides that<sup>9\*</sup>:

15.1.1 Surname(s)

15.1.2 Given name(s):

15.1.3 Name of an organisation or other legal person:

15.2 Must pay to\*:

15.2.1 Surname(s):

15.2.2 Given name(s):

15.2.3 Name of an organisation or other legal person:

15.3 The sum of:...\*

Euro (EUR)  Czech koruna (CZK)

Hungarian forint (HUF)  Polish zloty (PLN)  Romanian leu (RON)

<sup>8</sup> This point also covers situations where the costs are awarded in a separate decision. The mere fact that the amount of the costs has not been fixed yet should not prevent the court from issuing the attestation certificate if a party wishes to seek recognition of the substantive part of the decision.

<sup>9</sup> If more than one party has been ordered to bear the costs, please attach an additional sheet.

Swedish krona (SEK)

Other (please specify (ISO code):

**15.4** Any additional information which might be relevant (for example the bank account details to which the sum should be paid)\*:

**16. Any additional information which might be relevant\*:**

**If additional sheets have been added, state the total number of pages:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the court issuing the attestation:**

**Reference number of the attestation:**

## ANNEX II

### ATTESTATION

#### CONCERNING AN AUTHENTIC INSTRUMENT DIRECTED TO THE PROTECTION OF AN ADULT

(Article 17(1) of Regulation (EU) 20XX/XX)

*To be issued by an authority to accompany an authentic instrument directed to the protection of an adult upon application by a person wishing to use an authentic instrument in another Member State ('authentic instrument').*

**Non-mandatoryMandatory fields are marked with an \***

**1. Member State where the authentic instrument was formally drawn up or registered by an authority ('Member State of origin'):**

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  Spain  
 France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  Hungary  Malta  
 Netherlands  Austria  Poland  Portugal  Romania  Slovenia  Slovakia  Finland  
 Sweden

**2. Authority of the Member State of origin issuing this attestation**

2.1 Name of the authority:

2.2 Address

2.2.1 Street and number/PO box:

2.2.2 Place:

**2.2.3 Postcode:**

2.3 Contact details

2.3.1 Telephone\*:

2.3.2 E-mail\*:

**2.3.3 Other contact information\*:**

**3. Authority which formally drew up or registered the authentic instrument, if different from that indicated in point 2\***

3.1 Name of the authority:

3.2 Address:

3.2.1 Street and number/PO box:

3.2.2 Place:

**3.2.3 Postcode:**

3.3 Contact details

3.3.1 Telephone\*:

3.3.2 E-mail\*:

**3.3.3 Other contact information\*:**

**4. Authentic instrument**

4.1 Date (dd/mm/yyyy):

4.2 Reference number:

**5. Adult concerned by the authentic instrument ('adult'):**

5.1 Surname(s):

**5.1a Given name(s):**

5.2 Surname(s) at birth (**if different from point 5.1**):\*

**5.3 Date (dd/mm/yyyy) of birth:**

**5.3a Place of birth (if available)\*:**

5.4 Nationality:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

Other (please specify ISO-code):

Unknown

5.5 Identification number<sup>10</sup>\*

5.5.1 National identity number:

5.5.2 Social security number:

5.5.3 Tax number:

5.5.4 Other (please specify)\*:

5.6 Address

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<sup>10</sup> Please indicate the most relevant number, if applicable.

5.6.1 Street and number/PO box:

5.6.2 Place:

**5.6.2a** Postcode:

5.6.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden  
 Other (please specify ISO-code):

5.7 Contact details

5.7.1 Telephone\*:

5.7.2 E-mail\*:

5.7.3 Other contact information\*:

## **6. Authenticity of the authentic instrument**

6.1 Under the law of the Member State of origin, the authentic instrument has specific evidentiary effects compared to other written documents.

6.1.1  No.

6.1.2  Yes. The specific evidentiary effects concern the following elements:

6.1.2.1  the date on which the authentic instrument was drawn up.

6.1.2.2  the place where the authentic instrument was drawn up.

6.1.2.3  the content of any declaration by the adult

6.1.2.4  the facts that the authority declares as having been verified in its presence.

6.1.2.5  the actions which the authority declares to have carried out.

6.1.2.6  other (please specify):

6.2 Under the law of the Member State of origin, the authentic instrument may lose its specific evidentiary effects on the basis of (please indicate if relevant):

6.2.1  a judicial decision

6.2.1.1  given in an ordinary judicial procedure.

6.2.1.2  given in a special judicial procedure provided by the law for this purpose.

6.2.2  Other (please specify):

**6.3 To the knowledge of the authority issuing the attestation, the authentic instrument has not been challenged in the Member State of origin as to its authenticity.**

**Yes.**

**No.**

**7. Legal acts and relationships recorded in the authentic instrument\***

7.1 To the knowledge of the authority issuing the attestation, the authentic instrument\*:

7.1.1  is not challenged as to the legal acts and/or legal relationships recorded

7.1.2  is being challenged as to the legal acts and/or legal relationships recorded on specific points not covered by this attestation (please specify):

7.2 Other relevant information (please specify)\*:

**8. Powers of representation**

8.1 The authentic instrument records powers of representation granted by the adult:

**Yes.**

**No.**

8.2 Representative

8.2.1 Surname(s)

**8.2.1a** Given name(s)

**8.2.1b** Name of the organisation:

8.2.2 Identification number<sup>11</sup>\*

8.2.2.1 National identity number:

8.2.2.2 Social security number:

8.2.2.3 Tax number:

8.2.2.4 Other (please specify)\*:

8.2.3 ~~Where applicable, R~~egistration of the legal person

8.2.3.1 Registration number:

8.2.3.2 Date (dd/mm/yyyy):

**8.2.3.3** Place of registration:

8.2.4 Address

8.2.4.1 Street and number/PO box:

8.2.4.2 Place:

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<sup>11</sup> Please indicate the most relevant number, if applicable.

**8.2.4.2a Postcode:**

8.2.4.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  
 Greece  Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  
 Luxembourg  Hungary  Malta  Netherlands  Austria  Poland  Portugal  
 Romania  Slovenia  Slovakia  Finland  Sweden  
 Other (please specify ISO-code):

8.3 In case more than one representative is appointed, the representatives acts\*

- together (jointly)<sup>12</sup>;  
 concurrently<sup>13</sup> (if necessary please specify):  
 separately<sup>14</sup> (if necessary please specify):  
 as substitutes<sup>15</sup> (if necessary please specify):

**8.3a The representative's powers are limited to only supporting the adult**

- Yes (please specify):**  
 **No.**

8.4 The powers of representation cover the following matters:

- 8.4.1  economic and financial matters  
8.4.2  health  
8.4.3  welfare and other personal matters  
8.4.4  business or professional affairs or adult's share in (a) corporation(s)  
8.4.5  legal representation of the adult  
8.4.6  other, please specify:

8.5 The powers of representation

- 8.5.1  are currently in force  
8.5.1.1 Date of entry into force (dd/mm/yyyy):  
8.5.2  will enter into force in the future  
8.5.2.1  upon confirmation by a **court or competent** authority

<sup>12</sup> Decisions are taken together by the representatives.

<sup>13</sup> Different representatives are dealing with different matters. For example, one representative is dealing with financial matters of the adult, and another is dealing with health, welfare and other personal matters of the adult.

<sup>14</sup> Representatives may act individually.

<sup>15</sup> One or more substitutes may be appointed if the representative(s) is/are not able or willing to take on their tasks.

8.5.2.2  upon unilateral declaration of the representative

8.5.2.3  upon a decision of a third party

8.6  Where applicable, type of evidence required (e.g. a medical certificate)\*:

## 9. Advance directives

9.1  The authentic instrument records advance directives (instructions given and wishes made by **thean adult**)

**Yes.**

**No.**

**9.1a. The authentic instrument records advance directives** on the following matters

9.1.1  Health, if necessary please specify:

9.1.2  Welfare, including place of residence, if necessary please specify:

9.1.3  Other personal matters, if necessary please specify:

9.1.4  Economic and financial matters, if necessary please specify:

9.1.5  Choice of a natural person as a representative to be taken into account by the **courts** taking a measure directed to the protection of the adult

9.1.5.1 Surname(s)

**9.1.5.1a.** Given name(s) of the chosen representative:

9.1.5.2 Surname(s) of the chosen representative at birth (if different from point 9.1.5.1)\*:

9.1.5.3 **Date** (dd/mm/yyyy) of birth:

**9.1.5.3a. Place of birth (if available)\*:**

9.1.5.4 Identification number<sup>16\*</sup>

9.1.5.4.1 National identity number:

9.1.5.4.2 Social security number:

9.1.5.4.3 Tax number:

9.1.5.4.4 Other (please specify)\*:

9.1.5.5 Address

9.1.5.5.1 Street and number/PO box:

9.1.5.5.2 Place:

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<sup>16</sup> Please indicate the most relevant number, if applicable.

**9.1.5.5.2a Postcode:**

9.1.5.5.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland
- Greece  Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania
- Luxembourg  Hungary  Malta  Netherlands  Austria  Poland  Portugal
- Romania  Slovenia  Slovakia  Finland  Sweden
- Other (please specify ISO-code):

9.1.6  Choice of a legal person as a representative to be taken into account by the **courts** taking a measure directed to the protection of the adult

9.1.6.1 Name of the organisation:

9.1.6.2 Registration of the organisation

9.1.6.2.1 Registration number:

9.1.6.2.2 Date (dd/mm/yyyy) and place of registration:

**9.1.6.2.3 Place of registration:**

9.1.6.3 Address of the organisation

9.1.6.3.1 Street and number/PO box:

9.1.6.3.2 Place:

**9.1.6.3.2a Postcode:**

9.1.6.3.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Greece  Spain
- France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg
- Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania
- Slovenia  Slovakia  Finland  Sweden
- Other (please specify ISO-code):

**9.1.6.4. Person authorised to sign for the organisation**

**9.1.6.4.1 Surname(s)**

**9.1.6.4.2 Given name(s)**

9.1.6.5 Other relevant information (please specify)\*:

9.1.6.6 Contact details

9.1.6.6.1 Telephone\*:

9.1.6.6.2 E-mail\*:

**9.1.6.6.3 Other contact information\*:**

**9.2 ~~Other matters covered by the advance directives, please specify\*:~~ 9.3-Other relevant information (including on matters covered by advance directives) in relation to the advance directives, please specify\*:**

**10. Other information recorded in the authentic instrument\*:**

**11. Registration\***

11.1 The authentic instrument, or part of it, is registered\*

- in a register of the Member State of origin
- in a register of another Member State

**12. Any additional information which might be relevant\*:**

**If additional sheets have been added, state the total number of pages:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the authority issuing the attestation:**

**Reference number of the attestation:**

## ANNEX III

### EUROPEAN CERTIFICATE OF SUPPORT AND REPRESENTATION

(Article 38(4) of the Regulation (EU) 20XX/XX)

#### IMPORTANT

This Certificate is for use by a representative or representatives, who need to invoke their powers to represent **or support** an adult who, by reason of an impairment or insufficiency of his or her personal faculties, is not in a position to protect his or her interests.

This Certificate may be used to demonstrate that the person designated in this Certificate as a representative of the adult is authorised to represent **or support** the adult.

This Certificate is issued by **a court or a competent**the authority of ~~the~~ Member State where the measure was taken or powers of representation were confirmed ('issuing authority'). The original of this Certificate remains in the possession of that issuing authority and only its certified copies are issued. **Where possible under national law, Member States can issue the Certificate in a digital format.** The Certificate is valid until the date indicated in the appropriate box at the end of this form **unless withdrawn, rectified, modified or suspended before that date in accordance with the applicable procedures of Regulation (EU) 20XX/XX.**

#### Effects of this Certificate in the Union:

- The person indicated in the Certificate as the adult's representative is presumed to have the powers mentioned in the Certificate with no conditions and/or **limitations** being attached to those powers other than those stated in the Certificate.
- Any person **to whom** a Certificate **issued in accordance with Regulation (EU) 20XX/XX is presented may rely on the fact that the adult's representative** indicated in the Certificate **is authorised to represent or support the adult as specified in that Certificate. That person** shall be considered to have dealt with **an authorised representative of the adult**, unless the person knows that the content of the Certificate **is not accurate or is unaware of such inaccuracy due to gross negligence.**
- The Certificate has these effects in the European Union, with the exception of Denmark and Ireland.
- **The Certificate shall not produce effects in the Member State where it was issued if the national law of that Member State has determined that the Certificate shall not produce effects in that State (see point 9).**
- **The Certificate shall not produce effects following the death of the adult concerned.**

Non-mandatory ~~Mandatory~~ fields are marked with an \*

#### 1. Authority that issued the Certificate ('Issuing authority')

1.1 Member State of the issuing authority:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

- Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden

1.2 Name of the issuing authority:

1.3 Address of the issuing authority

1.3.1 Street and number/PO box:

1.3.2 Place

**1.3.2a** Postcode:

1.4 Contact details

1.4.1 Telephone\*:

1.4.2 E-mail\*:

**1.4.3 Other contact information\*:**

## **2. Details concerning the adult to be represented or supported ('adult')**

2.1 Surname(s)

**2.1a** Given name(s):

2.2 Surname(s) at birth (**if different from point 2.1**)\*:

2.3 **Date** (dd/mm/yyyy) of birth:

2.4 Place of birth (if available)\*:

2.5 Nationality:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden  
 Other (please specify ISO-code):  
 Unknown

2.6 Identification number<sup>17\*</sup> (*please indicate the most relevant number(s)*)

2.6.1 National identity number:

2.6.2 Social security number:

2.6.3 Tax number:

2.6.4 Other (please specify)\*:

---

<sup>17</sup> Please indicate the most relevant number, if applicable.

## 2.7 Address

2.7.1 Street and number/PO box:

2.7.2 Place

**2.7.2a** Postcode:

2.7.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece
- Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg
- Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania
- Slovenia  Slovakia  Finland  Sweden
- Other (please specify ISO-code):

## 2.8 Contact details

2.8.1 Telephone\*:

2.8.2 E-mail\*:

2.8.3 Other contact information\*:

*If the basis for the representation is a measure directed to the protection of the adult:*

### 3. Measure

3.1 The measure was taken by:

- the same **court** that issues this Certificate
- another **court** in the Member State

3.2 If the measure was not taken by the **court** that issues this Certificate, please indicate the name of the **court** that has taken the measure\*:

3.3 Reference number of the measure:

3.4 Date when the measure was taken (dd/mm/yyyy):

3.5  The measure is subject to an appeal under the law of the Member State of origin

- 3.5.1  The measure that is subject to an appeal under the law of the Member State of origin is provisionally applicable

*If the basis for the representation is a confirmed powers of representation:*

### 4. Confirmed powers of representation

4.1 The powers of representation were confirmed by:

- the same authority that issues this Certificate
- another **court or competent** authority

4.2 If the powers of representation were not confirmed by the authority that issues this Certificate, please indicate the name of the **court or competent** authority that has confirmed them\*:

4.3 Date when the powers of representation were drawn up by the adult (dd/mm/yyyy):

4.4 Date of confirmation of the confirmed powers of representation (dd/mm/yyyy):

4.5 Reference number of the confirmed powers of representation:

## 5. Representative(s) of the adult

5.1 The number of the adult's representatives

One

More than one – *Please indicate the number of the adult's representatives:*

*If the adult has more than one representative, please fill in the Sections 6 (Details concerning the representative of the adult), 7 (the powers of a representative) and 8 (limitations of the powers of the representative) for each of the representatives separately, attaching a sheet for each representative and numbering the representatives as the 'Representative A', 'Representative B' etc., as necessary.*

5.2 If the adult has more than one representative, ~~how can~~ the representatives represent or **support** the adult **in the following way**? ~~(Please choose one of the options)~~

Each of the adult's representatives can act alone ~~or they can act together~~

All adult's representatives have to act together or in agreement

Each representative acts within the scope of powers entrusted to him or her and the representatives' powers do not overlap

Other. *Please explain the specific rules or arrangements concerning the adult's representation<sup>18</sup>\**:

## 6. Details concerning the representative of the adult ('representative')

6.1 If the representative is a natural person

6.1.1 Surname(s)

**6.1.1a** Given name(s):

6.1.2. Surname(s) at birth (**if different from point 6.1.1**)\*:

6.1.3 **Date (dd/mm/yyyy) of birth:**

<sup>18</sup> In particular, please explain the circumstances or indicate the legal acts for which more than one representative has to be involved and specify which of the adult's representatives are to be involved.

**6.1.3a Place of birth (if available)\*:**

6.1.4 Identification number<sup>19</sup>\*

6.1.4.1 National identity number:

6.1.4.2 Social security number:

6.1.4.3 Tax number:

6.1.4.4 Other (please specify)\*:

6.1.5 Address

6.1.5.1 Street and number/PO box:

6.1.5.2 Place

**6.1.5.2a** Postcode:

6.1.5.3 Country:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania

Slovenia  Slovakia  Finland  Sweden

Other (please specify ISO-code):

6.1.6 Contact details

6.1.6.1 Telephone\*:

6.1.6.2 E-mail\*:

6.1.6.3 Other contact information\*:

**6.2 If the representative is a legal person**

6.2.1 Name of the organisation:

6.2.2 Registration of the organisation (*please indicate the most relevant number if applicable*)

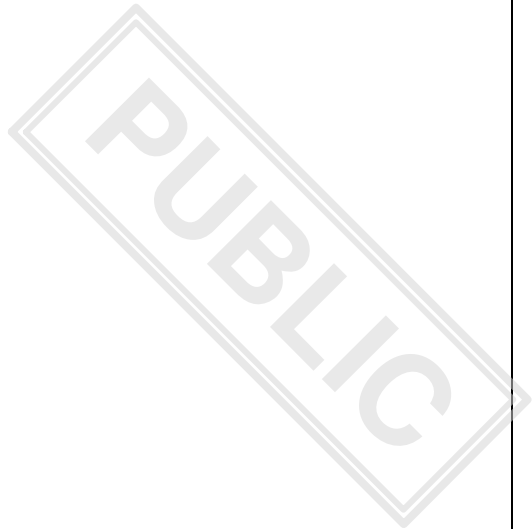
6.2.2.1 Registration number:

6.2.2.2 Date (dd/mm/yyyy)

**6.2.2.3** Place of registration:

6.2.3. Address of the organisation

6.2.3.1 Street and number/PO box:



---

<sup>19</sup> Please indicate the most relevant number, if applicable.

6.2.3.2 Place:

**6.2.3.2a. Postcode:**

6.2.3.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Greece  Spain  
 France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  
 Slovenia  Slovakia  Finland  Sweden  
 Other (please specify ISO-code):

**6.2.4. Person authorised to sign for the organisation**

**6.2.4.1 Surname(s)**

**6.2.4.2 Given name(s)**

6.2.5 Other relevant information (please specify):

6.2.6 Contact details

6.2.6.1 Telephone\*:

6.2.6.2 E-mail\*:

**6.2.6.3 Other contact information\*:**

**7. Powers of the representative**

7.1 ~~Are~~ the representative's powers **are** limited to a particular intervention (e.g. limited to only supporting the adult):<sup>20</sup>

- Yes, please **also** fill in point 8.  
 No.

**7.2. Content and extent of the powers:**

**7.2.1  Powers related to the adult's immovable property<sup>20</sup>:**

**7.2.2  Powers related to the adult's other property besides immovable one<sup>21</sup>:**

<sup>20</sup> E.g. continuous administration and conservation of the adult's immovable property and/or assets, conclude, renew and/or terminate vis-à-vis a third party a lease of immovable property belonging to the adult, to sell the adult's immovable property, to carry out works, alterations and repairs of the adult's immovable property, including major ones, to represent the adult in matters concerning the administration of an adult's building and/or land

<sup>21</sup> E.g. continuous administration and conservation of the adult's other property, to receive payments, income, capital and/or valuables, to manage and/or modify the adult's bank account(s), including all related transactions and legal acts, to receive information, including any account statements, from banks and similar institutions concerning the adult's bank account(s) and other property, to withdraw money and make payments from the adult's bank account(s), to use the adult's financial means and make payments, to discharge of any adult's debts and/or other obligations that are legally enforceable, to carry out legal acts and/or legal transactions concerning

**7.2.3**  Powers related to succession<sup>22</sup>:

**7.2.4**  Powers concerning health-related interests of the adult<sup>23</sup>:

**7.2.5**  Powers concerning the adult's place of residence or housing<sup>24</sup>:

**7.2.6**  Other powers related to the adult's person and/or the adult's personal welfare<sup>25</sup>:

**7.2.7**  Powers related to the management of the adult's legal and business affairs<sup>26</sup>:

**7.2.8**  Other powers and/or rights<sup>27</sup>:

## **8. Limitations of the powers of the representative**

### **8.1a. Are the representative's powers limited to only supporting the adult?**

Yes.

No.

---

other property, to conduct legal proceedings in the adult's name or on the adult's behalf concerning adult's other property

<sup>22</sup> E.g. to accept inheritance or other performance from an estate, to refuse inheritance or other performance from an estate if the estate is over-indebted, to represent the adult in any succession proceedings, including with respect to judicial authorities and/or financial or taxation ones

<sup>23</sup> E.g. to receive information concerning the adult's health, to consult medical documentation of the adult, to represent the adult's interests in health-related matters, to decide on an outpatient care of the adult, to decide on an inpatient care of the adult, to give ~~a~~ consent, to give, refuse or withdraw consent to a health treatment, examination, or other medical intervention, to decide on the continuation or discontinuation of health treatment, including (dis)continuation of life-sustaining treatment, to carry out legal acts and/or legal transactions with respect to matters concerning healthcare interests of the adult, to conduct legal proceedings in the adult's name or on the adult's behalf with respect to matters concerning healthcare interests of the adult

<sup>24</sup> E.g. to determine the place of residence of the adult, to conclude, modify or terminate a contract with an establishment or with a place providing housing with care or where protection of the adult can be provided, so long as this is necessary, to decide on a transfer or admission of the adult for an inpatient stay in a hospital or similar institution, to conclude a lease for an apartment or other form of housing intended for the adult's living and to modify or terminate that contract, to determine other practical matters concerning the adult's household, to represent the adult in matters concerning the administration of a building and/or land where the adult lives, including shared administration with other owners or inhabitants, to carry out legal acts and/or legal transactions with respect to matters concerning the adult's place of residence or housing, to conduct legal proceedings in the adult's name or on the adult's behalf with respect to matters concerning the adult's place of residence or housing

<sup>25</sup> E.g. to determine what contact, if any, the adult is to have with (a) specific person(s), to make an order prohibiting (a) specific person(s) from having contact with the adult, to take actions which will have the effect on the adult's membership in association or other organisations, to take any act relating to the adult's pet or domestic animal

<sup>26</sup> E.g. to make decisions and actions related to running the adult's business, trade, or other professional activities, to make decisions and actions in connection with the adult's shareholding in a company, including the exercise of shareholder rights and the sale of a share, to conclude, renew and/or terminate a lease of business premises for the adult's business, to represent the adult in dealings with banks, financial institutions, insurance providers, taxation and public authorities, to carry out legal acts and/or legal transactions with respect to the adult's legal and business affairs, to conduct legal proceedings in the adult's name or on the adult's behalf

<sup>27</sup> E.g. to delegate all or some his or her powers and rights to a third party, to appoint his or her deputies with respect to all his or her powers and rights, to appoint his or her deputies with respect to some of his or her powers and rights, to appoint an asset manager for the adult's property, to receive mail addressed to the adult, within the scope of the Representative's powers, to receive, open and read mail, including electronic mail, addressed to the adult

**8.1b. Are the representative's powers limited to a specific legal act, transaction or other similar specific purpose?**

- Yes, please specify:**
- No.**

8.1 Are the representative's **powers** specifically limited to a particular Member State or territory?

- No
- Yes – Please specify which powers are limited and the nature of the geographical limitation:

**8.2 The representative can act only subject to a-consent by the adult:**

- No.**
- Yes – In all matters.**
- Yes – Please specify which powers are subject to consent:**

8.3 The representative can act only subject to a-consent by a **court**, an authority, other entity, or **another** person<sup>28</sup>:

*(Please elaborate on those matters and the necessary consents)*

- No**
- Yes – In all matters.**
- Yes – Please specify which powers are subject to consent:**

8.3.1 This list of necessary consents is

- illustrative
- exhaustive

8.4 In the following matters, the representative can act only subject to certain other conditions<sup>29</sup>: *(Please elaborate on those matters and the related conditions)\**

8.4.1 This list of conditions is

- illustrative

---

<sup>28</sup> Whether that rule stems from the measure or the powers of representation (for instance where the adult named another person as someone who needs to be consulted on certain matters) or from national law. Depending on national law on the protection of adults, specific rules may exist requiring an authorisation by a court or other public body e.g. for transactions involving the immovable property of an adult or for donations of a property of an adult or for transactions where a property of an adult is sold or otherwise transferred to his or her representative.

<sup>29</sup> Whether those conditions stem from the measure or the confirmed powers of representation or from national law. Depending on national law, specific conditions may exist for instance for the sale of immovable property of an adult, e.g. that the property may only be sold through a public auction or that a property of an adult cannot be transferred to a representative himself or herself.

- exhaustive

8.5 The representative is not entitled to represent the adult in the following

8.5.1 This list of matters outside of the scope of representative's powers is

- illustrative  
 exhaustive

8.5.2 The following powers are retained by the adult under the applicable law<sup>30</sup>:

8.5.3 The following powers are retained by the adult under the measure or confirmed powers of representation:

**8.5.4. Any other limitation, please specify\*:**

## 9. Validity of the Certificate

9.1 **The Certificate is valid until (dd/mm/yyyy):** ~~The issuing authority has considered the appropriate period of validity of the Certificate:~~

9.2 Any comments concerning the period of validity of the Certificate\*:

**9.3. Effects of the Certificate in the issuing Member State** ~~In accordance with Article 34(3) of the Regulation (EU) 20XX/XX, the Certificate produces effects in the Member State where it was issued.~~

- Yes.  
 No.

## 10. Any additional information which might be relevant\*:

## 11. Digital format of the Certificate

**11.1 The Certificate has been issued in a digital format in accordance with Article 41(1) of the Regulation (EU) 20XX/XX**

- Yes.  
 No.

**The issuing authority certifies that it has taken all steps pursuant to Article 38 of the Regulation (EU) 20XX/XX, in particular that it:**

- **verified elements pursuant to Article 38(1) of the Regulation;**
- **determined the appropriate period of validity of the Certificate pursuant to Article 40(4) of the Regulation.**

<sup>30</sup> Depending on national law, representation of an adult is excluded for instance in certain types of personal decisions.

**Reference number of the Certificate<sup>31</sup>:**

**Date of the issuance of the Certificate (dd/mm/yyyy):**

**~~The Certificate is valid until (dd/mm/yyyy):~~**

**If additional sheets have been added, state the total number of pages:**

**Signature and/or stamp of the issuing authority:**

**CERTIFIED COPY**

(Only relevant where the Certificate has not been issued in a digital format)

**This certified copy of the European Certificate of Support and Representation has been issued to:**

**Reference number of the copy:**

**Date of issue of the copy (dd/mm/yyyy):**

**Signature and/or stamp of the issuing authority:**

*For more information, please contact the issuing authority.*

---

<sup>31</sup> If possible, under national law, a link or QR code could be considered added here for direct access to a webpage confirming the validity of the Certificate

## ANNEX IV

### INFORMATION BY THE CHOSEN COURTS ON THE ~~CONTEMPLATED~~ EXERCISE OF THEIR JURISDICTION

(Article 6(3) of the Regulation (EU) 20XX/XX)

To be used to inform the **court** of the Member State **of habitual residence of the adult before taking any measure.**

Non-mandatory ~~Mandatory~~ fields are marked with an \*

#### 1. Court which will take the measure

##### 1.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden

##### 1.2 Name and designation of the **court**:

##### 1.3 Address

##### 1.3.1 Street and number/PO box:

##### 1.3.2 Place

##### **1.3.2a** Postcode:

##### 1.4 Contact details

##### 1.4.1 Telephone\*:

##### 1.4.2 E-mail\*:

##### **1.4.3 Other contact information\*:**

#### 2. Court of habitual residence of the adult

##### 2.1 Member State of the **court**:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia

Slovakia  Finland  Sweden

2.2 Name of the **court**:

2.3 Address

2.3.1 Street and number/PO box:

2.3.2 Place

**2.3.2a** Postcode:

2.4 Contact details

2.4.1 Telephone\*:

2.4.2 E-mail\*:

**2.4.3 Other contact information\*:**

PUBLIC

**3. Adult concerned by the measure ('adult')**

3.1 Surname(s)

**3.1a** Given name(s):

3.2 Surname(s) at birth (if different from point 3.1)\*:

3.3 Date (dd/mm/yyyy):

**3.4 Place of birth (if available)\*:**

3.5 Nationality:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

Other (please specify ISO-code):

Unknown

3.6 Identification number<sup>32\*</sup>

3.6.1 National identity number:

3.6.2 Social security number:

3.6.3 Tax number:

3.6.4 Other (please specify)\*:

3.7 Contact details

<sup>32</sup> Please indicate the most relevant number, if applicable.

3.7.1 Telephone\*:

3.7.2 E-mail\*:

3.7.3 Other contact information\*:

**4. Measure concerning the adult**

4.1 The measure **will be** based on a choice of jurisdiction made by the adult in writing, **dated and signed** on (dd/mm/yyyy):

4.2 The **court** has verified that the **conditions of Article 6(1) and (2) are met**:

**Yes.**

**No.**

**5. Any additional information which might be relevant (including nature of the case, description of the measure and a brief statement of the facts, where appropriate)\*:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the competent authority issuing this communication form:**

**Reference number of the communication:**

ANNEX Va

**NOTIFICATION OR REQUEST FOR ASSISTANCE**

(Articles 7a(4) and 32(1) and (3) of Regulation (EU) 20XX/XX)

*To be used for the transmission, from the courts, competent authorities and Central authorities of a Member State ('requesting authority'), to the courts, competent authorities and Central authorities of another Member State ('requested authority'), of a notification according to Articles 7a (4) and 32 (3), or an assistance request according to Article 32 (1) in a cross-border case.*

**Non-mandatoryMandatory fields are marked with an \***

**1. Reference number of the requesting authority:**

**2. Reference number of the requested authority\*:**

**3. Requesting authority**

3.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

3.2 Name of the requesting authority:

3.3 Address

3.3.1 Street and number/PO box:

3.3.2 Place:

**3.3.2a Postcode:**

3.4 Contact details

3.4.1 Telephone\*:

3.4.2 E-mail\*:

**3.4.3 Other contact information\*:**

**3.4.3 Where applicable, name of specific contact person\*:**

**4. Requested authority**

4.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

4.2 Name of the authority:

4.3 Address

4.3.1 Street and number/PO box:

4.3.2 Place:

**4.3.2a Postcode:**

4.4 Contact details

4.4.1 Telephone\*:

4.4.2 E-mail\*:

**4.4.3 Other contact information\*:**

## 5. Adult concerned by the request ('adult')

5.1 Surname(s)

**5.1a Given name(s):**

5.2 Surname(s) at birth (if different from point 5.1)\*:

**5.3 Date (dd/mm/yyyy) of birth:**

**5.3a Place of birth (if available)\*:**

5.4 Nationality:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

Other (please specify ISO-code):

Unknown

5.5 Identification number<sup>33\*</sup>

5.5.1 National identity number:

5.5.2 Social security number:

5.5.3 Tax number:

5.5.4 Other (please specify)\*:

---

<sup>33</sup> Please indicate the most relevant number, if applicable.

## 5.6 Address

5.6.1 Street and number/PO box:

5.6.2 Place:

**5.6.2a** Postcode:

5.6.3 Country:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden  
 Other (please specify ISO-code):

## 5.7 Contact details

5.7.1 Telephone\*:

5.7.2 E-mail\*:

5.7.3 Other contact information\*:

## 6. Measure concerning the adult (one or more entries, if relevant)\*

6.1  A measure has been taken by the requesting authority on (dd/mm/yyyy):

6.1.1 Date of expiration ~~or renewal~~ of the measure (dd/mm/yyyy):

6.2  **A legal act undertaken or to be undertaken on behalf of an adult in succession proceedings, which requires approval or permission by a court to be valid, has been approved or permitted under Article 7a(3) of Regulation (EU) 20XX/XX:**

~~A representative has been appointed in succession proceedings under Article 7a(1) of Regulation (EU) 20XX/XX:~~

6.3  **Article 7, 9, 10 or 11 of the HCCH 2000 Protection of Adults Convention is or will be applied**

### 6.3.1 Article :

**6.3.1.1  Article 7 of the HCCH 2000 Protection of Adults Convention**

**6.3.1.2  Article 9 of the HCCH 2000 Protection of Adults Convention**

**6.3.1.3  Article 10 of the HCCH 2000 Protection of Adults Convention**

**6.3.1.4  Article 11 of the HCCH 2000 Protection of Adults Convention**

**6.3.2 The measure concerns:**

- the person of the adult**
- the property of the adult**

**6.3.3 The measure**

- is contemplated**
- has been taken on (dd/mm/yyyy):**
- Proceedings concerning the protection of the adult are pending**

**~~A protection measure has been taken:~~**

- ~~6.4.1  Under Article 7 of the HCCH 2000 Protection of Adults Convention~~
- ~~6.4.2  Under Article 10 of the HCCH 2000 Protection of Adults Convention~~
- ~~6.5  A decision has been made that no measures are to be taken (Article 7 of the HCCH 2000 Protection of Adults Convention).~~
- ~~6.6  Proceedings are pending concerning the protection of the adult (Article 7 of the HCCH 2000 Protection of Adults Convention).~~
- ~~6.7  Urgent measures of protection have been taken (Article 10 of the HCCH 2000 Protection of Adults Convention) (please specify):~~
- ~~6.8  Measures of protection required by the situation have been taken, (Article 11(2) of the HCCH 2000 Protection of Adults Convention) (please specify):~~
- ~~6.9  An application for a measure has been made and is being processed~~
- ~~6.10  Proceedings for a measure have been initiated ex officio and are being processed~~
- ~~6.11-4  Nature of the case, description of the measure and a brief statement of the facts (in an attachment to this form, where appropriate):~~

**7. Details of the assistance requested, if applicable\***

- 7.1  Assistance in applying the Regulation (EU) 20XX/XX with respect to:
  - 7.1.1  establishing jurisdiction (please specify):
  - 7.1.2  establishing applicable law (please specify):
  - 7.1.3  recognising or enforcing a measure (please specify):
  - 7.1.4  carrying out direct communication between authorities
  - 7.1.5  Other (please specify):

7.2  Location of the adult. Please specify the information justifying the assumption that the adult is present in the requested Member State:

7.3  Location of a person who is likely to provide **protection**.

7.3.1 Information on the person who is likely to provide **protection** to the adult

7.3.1.1 Surname(s)

7.3.1.1a Given name(s):

7.3.1.2 Surname(s) at birth (if different from point 7.3.1.1):

7.3.1.3 **Date (dd/mm/yyyy) of birth:**

7.3.1.3a **Place of birth (if available)\*:**

7.3.1.4 Nationality:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland
- Greece  Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania
- Luxembourg  Hungary  Malta  Netherlands  Austria  Poland  Portugal
- Romania  Slovenia  Slovakia  Finland  Sweden
- Other (please specify ISO-code):
- Unknown

7.3.1.5 Identification number<sup>34\*</sup>

7.3.1.5.1 National identity number:

7.3.1.5.2 Social security number:

7.3.1.5.3 Tax number:

7.3.1.5.4 Other (please specify)\*:

7.3.2 Please specify the information justifying the assumption that the person is present in the requested Member State\*:

7.3.3 Please specify the relationship of the person with the adult\*:

7.4  Provision of information when a measure is contemplated **or to be implemented**, in accordance with Article 25 of the Regulation (EU) 20XX/XX (please specify):

7.5  Other (please specify):

**8. Any additional information which might be relevant (including nature of the case, description of the measure and a brief statement of the facts, where appropriate)\*:**

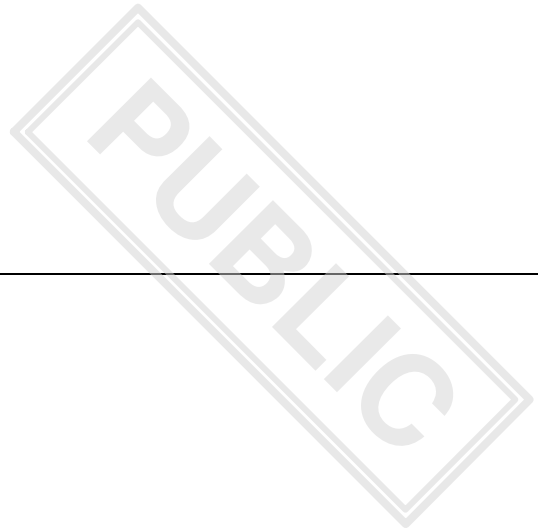
<sup>34</sup> Please indicate the most relevant number, if applicable.

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the requesting authority:**

**Reference number of the request:**



ANNEX Vb

<b>INFORMATION CONCERNING THE REQUEST FOR ASSISTANCE</b> <b><u>Non-mandatory</u>Mandatory fields are marked with an *</b>	
<b>1.</b>	<b>Reference number of the requesting authority:</b>
<b>2.</b>	<b>Reference number of the requested authority:</b>
<b>3.</b>	<b>Requesting authority</b>
<b>4.</b>	<b>Authority of the requested State</b> 4.1 Member State: <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Ireland <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden 4.2 Name of the authority: 4.3 Address 4.3.1 Street and number/PO box: 4.3.2 Place <b>4.3.2a</b> Postcode: 4.4 Contact details 4.4.1 Telephone*: 4.4.2 E-mail*: <b><u>4.4.3 Other contact information*:</u></b>
<b>5.</b>	<b>The request was received on (dd/mm/yyyy) by the requested authority indicated in point 4*:</b>
<b>6.</b>	<b>Reply by the authority<sup>35</sup></b> 6.1 <input type="checkbox"/> Please find below the information requested: 6.2 <input type="checkbox"/> The request does not contain all of the following necessary information (please specify the necessary information): 6.3 <input type="checkbox"/> The request is refused for the following reason(s):
<b>7.</b>	<b>The request cannot be dealt with or the information cannot be provided because*:</b>
<b>7.1</b>	<input type="checkbox"/> The language used to complete the form is not accepted

<sup>35</sup> If needed, please attach additional sheet(s) with further explanations.

**7.1.1 Please use (one of) the following language(s):**

**7.2  The document is not legible**

**7.3  The request is not complete and the following necessary information is missing:**

**7.4  Other reason (please specify):**

**8. Any additional information which might be relevant\*:**

**If additional sheets have been added, state the total number of pages:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the authority:**

**Reference number of this communication:**

## ANNEX VIa

### REQUEST CONCERNING THE PLACEMENT OF AN ADULT IN ANOTHER MEMBER STATE

(Article 21(4) of Regulation (EU) 20XX/XX)

#### Cooperation in the event of contemplated placement in another Member State

*To be used for the communication between the **court** of a Member State contemplating the placement of an adult in another Member State (**'requesting court'**), and the Central Authority, **court or competent authority** of the requested Member State (**'requested authority'**).*

*If opposition is made to the contemplated placement, it shall be communicated no later than three months following the consultation request.*

Non-mandatory ~~Mandatory~~ fields are marked with an \*

**1. Reference number of the requesting court:**

**2. Reference number of the requested authority\*:**

**3. Requesting court**

3.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia   
Slovakia  Finland  Sweden

3.2 Name of the requesting **court**:

3.3 Address

3.3.1 Street and number/PO box:

3.3.2 Place:

**3.3.3 Postcode:**

3.4 Contact details

3.4.1 Telephone\*:

3.4.2 E-mail\*:

**3.4.3 Other contact information\*:**

**4. Requested authority**

4.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece
- Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg
- Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  Slovakia  Finland  Sweden

4.2 Name of the **requested** authority:

4.3 Address

4.3.1 Street and number/PO box:

4.3.2 Place:

**4.3.3 Postcode:**

4.4 Contact details

4.4.1 Telephone\*:

4.4.2 E-mail\*:

**4.4.3 Other contact information\*:**

**5. Adult concerned by the placement ('adult')\***

5.1 Surname(s):

**5.1a Given name(s):**

5.2 Surname(s) at birth (if different from point 5.1)\*:

5.3 Date **of birth** (dd/mm/yyyy):

**5.4 Place of birth (if available)\*:**

5.5 Nationality:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece
- Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg
- Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  Slovakia  Finland  Sweden
- Other (please specify ISO-code): .....
- Unknown

5.6 Identification number<sup>36\*</sup>

<sup>36</sup> Please indicate the most relevant number, if applicable.

5.6.1 National identity number:

5.6.2 Social security number:

5.6.3 Tax number:

5.6.4 Other (please specify)\*:

**5.7 Address**

5.7.1 Street and number/PO box:

5.7.2 Place:

**5.7.2a** Postcode:

5.7.3 Country:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia

Slovakia  Finland  Sweden

Other (please specify ISO-code):

**5.8 Contact details**

5.8.1 Telephone\*:

5.8.2 E-mail\*:

5.8.3 Other contact information\*:

**6. Protection measure concerning the adult\***

6.1  A protection measure has been taken by the requesting authority on (dd/mm/yyyy):

6.1.1 Date of expiration ~~or renewal~~ of the measure (dd/mm/yyyy):

6.1.2  The measure is registered in the register of the requesting State, please specify:

6.2  An application for a protection measure has been made and is being processed.

**7. Details of the placement contemplated**

7.1  The placement of the adult is contemplated in a specific establishment or institution in the requested Member State

7.1.1 Name or designation of the place:

7.1.2 Address

7.1.2.1 Street and number/PO box:

7.1.2.2 Place:

**7.1.2.3** Postcode:



7.1.3 Contact details of the place (where available)

7.1.3.1 Telephone\*:

7.1.3.2 E-mail\*:

**7.1.3.3 Other contact information\*:**

7.2  Placement is contemplated in an establishment or an institution in the requested Member State without a specification of the establishment or the institution

7.2.1 Any specification of the placement (please indicate any criteria or details affecting the selection of the placement in the requested Member State)\*:

7.2.2 Any other information or comment\*:

7.3  The placement and its condition of implementation will be decided by the requesting **court**.

7.4  The placement will be authorised by the requesting **court** and will be carried out with the support of the following person:

7.4.1 Surname(s):

**7.4.2** Given name(s):

7.4.3 Surname(s) at birth (if different from point 7.4.1):

7.4.4 Date **of birth** (dd/mm/yyyy):

**7.4.5 Place of birth (if available)\*:**

7.4.6 Identification number<sup>37</sup>\*

7.4.6.1 National identity number:

7.4.6.2 Social security number:

7.4.6.3 Tax number:

7.4.6.4 Other (please specify)\*:

7.5  The placement is temporary and will end

7.5.1  on (dd/mm/yyyy):

7.5.2  after a specific period of time (please specify):

7.6 **The will and preferences of the adult have been taken into account\***

**Yes**

**No**

**Additional information :**

---

<sup>37</sup> Please indicate the most relevant number, if applicable.

— The adult has\*:

7.6.1  had the opportunity to be heard

7.6.2  refused to be heard

7.6.3  Other (please specify):

7.7 Due to the following reasons the adult was not given the opportunity to be heard\*

7.7.1  Urgency of the situation (please specify):

7.7.2  Other (please specify)<sup>38</sup>:

**7.7 The report on the adult together with the reasons for the contemplated placement in accordance with Article 33 of the HCCH 2000 Protection of Adults Convention, as well as any other relevant information, is attached.**

Yes.

No.

**8. Any additional information which might be relevant\*:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the requesting ~~authority~~ court:**

---

<sup>38</sup> E.g. if the adult was unable to express his or her views.

**INFORMATION FROM THE CENTRAL AUTHORITY, COURT OR COMPETENT AUTHORITY  
OF THE MEMBER STATE CONCERNING THE REQUEST FOR A PLACEMENT**

*To be used for the communication between **the court of a Member State contemplating the placement of an adult in another Member State ('requesting court')**, and the **Central Authority, court or competent authority of the requested Member State ('requested authority')**.*

Non-mandatory~~Mandatory~~ fields are marked with an \*

<b>1. Reference number of the requesting court:</b>
<b>2. Reference number of the requested authority:</b>
<b>3. Requesting court:</b>
<b>4. Requested authority</b> 4.1 Member State: <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Ireland <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden 4.2 Name of the <b>requested</b> authority: 4.3 Address 4.3.1 Street and number/PO box: 4.3.2 Place: 4.3.3 Postcode: 4.4 Contact details 4.4.1 Telephone*: 4.4.2 E-mail*: <b>4.4.3 Other contact information*:</b>
<b>5. Information from the requested authority</b> 5.1 <input type="checkbox"/> Placement of the adult in the requested Member State is accepted 5.1.1 Placement of the adult is accepted in the following establishment or institution:

- the establishment or the institution proposed by the requesting **court**
- an establishment or an institution corresponding to the specifications made by the requesting **court**  ~~an establishment or an institution corresponding to these specifications made by the requesting **court**~~ (please specify):

Other (please specify):

5.2  Placement of the adult in the requested Member State is accepted under (a) condition(s).

5.2.1  Placement is only authorised provided that the establishment or the institution specified in point 5.1.1 has free capacity

5.2.2  Other conditions (please specify):

5.3  Placement in the requested Member State is refused

**6. Any additional information which might be relevant\*:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the requested authority:**

**Reference number of the communication:**

## ANNEX VIIa

### REQUEST FOR THE DESIGNATION OF A COMPETENT AUTHORITY OF ANOTHER MEMBER STATE AS REPRESENTATIVE ABROAD

(Article 22 of the Regulation (EU) 20XX/XX)

*To be used by **the courts** of one Member State to request the designation of **a competent authority of another Member State as representative in another Member State with a view to protect the interests of the adult in that other Member State.***

Non-mandatory ~~Mandatory~~ fields are marked with an \*

<b>1. Reference number of the requesting court*:</b>
<b>2. Reference number of the requested <u>Central Authority or</u> authority to be designated:</b>
<b>3. Requesting court*</b> 3.1 Member State: <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Ireland <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden 3.2 Name: 3.3 Address 3.3.1 Street and number/PO box: 3.3.2 Place: <b>3.3.3 Postcode:</b> 3.4 Contact details 3.4.1 Telephone*: 3.4.2 E-mail*: <b><u>3.4.3 Other contact information*:</u></b>
<b>4. Authority to be designated in the requested Member State*</b> 4.1 Member State: <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Ireland <input type="checkbox"/> Greece

- Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden

4.2 Name of the authority:

4.3 Address

4.3.1 Street and number/PO box:

4.3.2 Place:

4.3.3 Postcode:

4.4 Contact details

4.4.1 Telephone\*:

4.4.2 E-mail\*:

**4.4.3 Other contact information\*:**

**5. Central Authority of the requested Member State\***

**5.1 Member State:**

- Belgium**  **Bulgaria**  **Czech Republic**  **Germany**  **Estonia**  **Ireland**  **Greece**  
 **Spain**  **France**  **Croatia**  **Italy**  **Cyprus**  **Latvia**  **Lithuania**  **Luxembourg**  
 **Hungary**  **Malta**  **Netherlands**  **Austria**  **Poland**  **Portugal**  **Romania**   
**Slovenia**  
 **Slovakia**  **Finland**  **Sweden**

**5.2 Name of the authority:**

**5.3 Address**

**5.3.1 Street and number/PO box:**

**5.3.2 Place:**

**5.3 Postcode:**

**5.4 Contact details**

**5.4.1 Telephone\*:**

**5.4.2 E-mail\*:**

**5.4.3 Other contact information\*:**

**6. Adult concerned by the measure ('adult')**

6.1 Surname(s):

**6.1a** Given name(s):

6.2 Surname(s) at birth (if different from point 6.1.):

6.3 Date of birth (dd/mm/yyyy):

6.4 Place of birth (if available)\*:

6.5 Nationality:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia  
 Slovakia  Finland  Sweden  
 Other (please specify ISO-code):  
 Unknown

6.6 Identification number<sup>39\*</sup>

6.6.1 National identity number:

6.6.2 Social security number:

6.6.3 Tax number:

6.6.4 Other (please specify)\*:

6.7  The adult benefits/has benefitted from legal aid or from exemption from costs and expenses, (please specify):

## 7. Protection measure concerning the adult

7.1  A protection measure has been taken by the requesting authority on (dd/mm/yyyy)\*

7.2 Date of expiration or renewal of the measure (dd/mm/yyyy)\*:

7.3  An application for a protection measure has been made and is being processed\*

7.4.  The measure is registered in the register of the Member State of origin, please specify\*:

7.5  A representative is appointed in the Member State of origin

7.5.1 Surname(s):

7.5.2 Given name(s):

7.5.3 Surname(s) at birth (if different from point 7.5.1):

7.5.4 Date of birth (dd/mm/yyyy):

7.5.5 Place of birth (if available)\*:

<sup>39</sup> Please indicate the most relevant number, if applicable.

7.5.6 Identification number<sup>40\*</sup>

7.5.6.2 National identity number:

7.5.6.2 Social security number:

7.5.6.3 Tax number:

7.5.6.4 Other (please specify)\*:

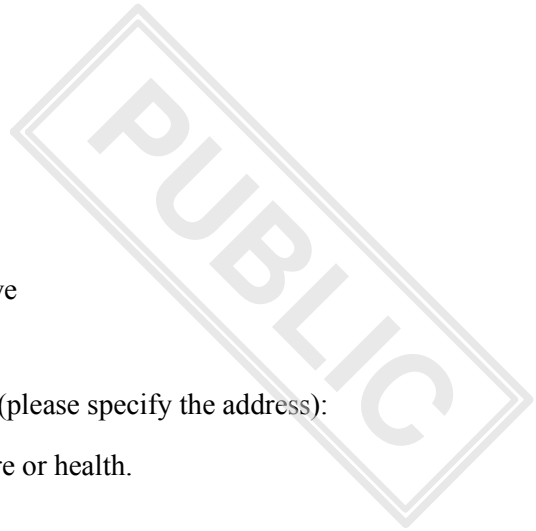
**7.5.7** Brief description of the tasks of the representative

6.5.7.1.  Management of financial assets

6.5.7.2  Management of immovable property (please specify the address):

6.5.7.3  Support concerning the adult's welfare or health.

6.5.7.4  Other (please describe shortly):



**8. Details of the designation contemplated**

8.1 Description of the case and the reasons why an **authority shall be designated as** representative in the requested Member State:

8.2 The representative will **represent or** support the adult in:

8.2.1  Management of financial assets

8.2.1.1 nature of the financial assets (please specify):

8.2.1.2 contact details of the financial institution (please specify):

8.2.2  Management of immovable property (please specify the address):

8.2.3  Support concerning the adult's welfare or health.

8.2.4  Other (please specify):

~~7.3 The representative should accomplish the following specific tasks, under the supervision of the requesting court:~~

~~7.4  The assistance of the requested authority is necessary for the supervision of the representative, please specify:~~

8.3  The designation is temporary and will end

8.3.1  on (dd/mm/yyyy):

8.3.2  after a specific period of time (please specify):

8.4 **The will and preferences of the adult have been taken into account\***

**Yes**

---

<sup>40</sup> Please indicate the most relevant number, if applicable.

**No**

**Additional information :**

7.6  The adult had the opportunity to be heard and:

7.6.1  has refused to be heard

7.6.2  has agreed with the contemplated designation

7.6.3  Other (please specify):

7.7  Due to the following reasons the adult was not given the opportunity to be heard

7.7.1  Urgency of the situation (please specify):

7.7.2  Other (please specify)<sup>41</sup>:

**9. Any additional information which might be relevant\*:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the requesting court:**

**Reference number of the communication:**

---

<sup>41</sup> E.g. if the adult was unable to express his or her views.

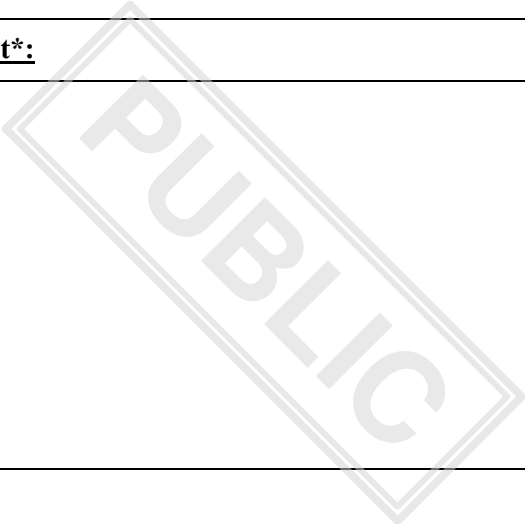
## ANNEX VIIb

### INFORMATION FROM THE COMPETENT AUTHORITY ('AUTHORITY') TO BE DESIGNATED CONCERNING THE REQUEST FOR DESIGNATION OF A REPRESENTATIVE ABROAD

Non-mandatory Mandatory fields are marked with an \*

<b>1. Reference number of the requesting court:</b>
<b>2. Reference number of the <u>Central Authority</u> or authority to be designated*:</b>
<b>3. Requesting court or Central Authority:</b>
<b>4. Authority to be designated</b> 4.1 Name of the authority: 4.2 Address 4.2.1 Street and number/PO box: 4.2.2 Place: <b>4.2.3 Postcode:</b> 4.3 Contact details 4.3.1 Telephone*: 4.3.2 E-mail*: <b><u>4.3.3 Other contact information*:</u></b> 4.4 Member State: <input type="checkbox"/> Belgium <input type="checkbox"/> Bulgaria <input type="checkbox"/> Czech Republic <input type="checkbox"/> Germany <input type="checkbox"/> Estonia <input type="checkbox"/> Ireland <input type="checkbox"/> Greece <input type="checkbox"/> Spain <input type="checkbox"/> France <input type="checkbox"/> Croatia <input type="checkbox"/> Italy <input type="checkbox"/> Cyprus <input type="checkbox"/> Latvia <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Hungary <input type="checkbox"/> Malta <input type="checkbox"/> Netherlands <input type="checkbox"/> Austria <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Slovenia <input type="checkbox"/> Slovakia <input type="checkbox"/> Finland <input type="checkbox"/> Sweden
<b>5. Information from the authority to be designated</b> 5.1 <input type="checkbox"/> Consent to the designation of the authority as representative abroad is granted. 5.2 <input type="checkbox"/> The request does not contain all of the necessary information. Please specify the information missing: 5.3 <input type="checkbox"/> Consent to the designation of the authority as representative abroad is refused.

<b>6. <u>Any additional information which might be relevant*:</u></b>
<b>Done at:</b>
<b>On (dd/mm/yyyy):</b>
<b>Signature and/or stamp of the authority to be designated:</b>
<b>Reference number of the communication:</b>



## ANNEX VIIIa

### TRANSFER OF JURISDICTION

(Article 32(2) of the Regulation (EU) 20XX/XX, and Article 8 of the HCCH 2000 Protection of Adults Convention)

*To be used for the communication between the **courts** of a Member State where the adult has his or her habitual residence and the **courts** of another Member State.*

*The **court** of a Member State may use this form:*

1. *to transfer its jurisdiction to the **courts** of another Member State with which the adult has substantial connections, doing so either by its own motion or upon request of another **court**.*
2. *to request from a court of another Member State having jurisdiction to transfer its jurisdiction.*

Non-mandatory ~~Mandatory~~ fields are marked with an \*

### REQUEST

**1. Reference number of the requesting court:**

**2. Reference number of the requested court\*:**

### 3. Requesting court

3.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  Spain  
 France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  Hungary  Malta  
 Netherlands  Austria  Poland  Portugal  Romania  Slovenia  Slovakia  Finland  Sweden

3.2 Name of the requesting **court**:

3.3 Address:

3.3.1 Street and number/PO box:

3.3.2 Place:

**3.3.3** Postcode:

3.4 Contact details

3.4.1 Telephone\*:

3.4.2 E-mail\*:

**3.4.3 Other contact information\*:**

**4. Requested court**

4.1 Member State:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  Spain  
 France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  Hungary  Malta  
 Netherlands  Austria  Poland  Portugal  Romania  Slovenia  Slovakia  Finland  Sweden

4.2 Name of the requested **court**:

4.3 Address:

4.3.1 Street and number/PO box:

4.3.2 Place:

4.3.3 Postcode:

4.4 Contact details

4.4.1 Telephone\*:

4.4.2 E-mail\*:

**4.4.3 Other contact information\*:**

**5. Adult concerned by the measure ('adult')**

5.1 Surname(s):

**5.1a** Given name(s):

5.2 Surname(s) at birth (if different from point 5.1)\*:

**5.3** Date (dd/mm/yyyy) of birth:

**5.4a** Place of birth (if available)\*:

5.4 Nationality:

- Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece  
 Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg  
 Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia

Slovakia  Finland  Sweden

Other (please specify ISO-code):

Unknown

#### 5.5 Identification number<sup>42\*</sup>

5.5.1 National identity number:

5.5.2 Social security number:

5.5.3 Tax number:

5.5.4 Other (please specify)\*:

#### 5.6 Address

5.6.1 Street and number/PO box:

5.6.2 Place:

**5.6.2a** Postcode:

5.6.3 Country:

Belgium  Bulgaria  Czech Republic  Germany  Estonia  Ireland  Greece

Spain  France  Croatia  Italy  Cyprus  Latvia  Lithuania  Luxembourg

Hungary  Malta  Netherlands  Austria  Poland  Portugal  Romania  Slovenia

Slovakia  Finland  Sweden

Other (please specify ISO-code):

#### 5.7 Contact details

5.7.1 Telephone\*:

5.7.2 E-mail\*:

5.7.3 Other contact information\*:

### 6. Origin of the request

6.1  made by the requesting **court** on its own motion

PUBLIC

<sup>42</sup> Please indicate the most relevant number, if applicable.

6.2  from the following **court** (please specify):

**6a. Subject of the request**

**6a.1  the requesting court asks to transfer its jurisdiction to the requested court.**

**6a.2  the requesting court asks the requested court to transfer its jurisdiction.**

**7. Nature of the measure to be taken by the requested court:**

7.1  relating to the adult's person (please specify):

7.2  relating to the adult's property (please specify):

**8. Justification of the request for the transfer of jurisdiction**

8.1 Request is made in accordance with the following letter of Article 8(2) of the HCCH 2000 Protection of Adults Convention:

letter a) (**A State of which the adult is a national**)

letter b) (**The State of the preceding habitual residence of the adult**)

letter c) (**A State in which property of the adult is located**)

letter d) (**The State whose authorities have been chosen in writing by the adult to take measures directed to his or her protection**)

letter e) (**The State of the habitual residence of a person close to the adult prepared to undertake his or her protection**)

letter f) (**The State in whose territory the adult is present, with regard to the protection of the person of the adult**)

8.2 Justification of the request:

**9. Any additional information which might be relevant:**

**Done at:**

**On (dd/mm/yyyy):**

**Signature and/or stamp of the requesting court:**

**Reference number of the request:**

ANNEX VIIIb

INFORMATION FROM THE REQUESTED COURT

Non-mandatory~~Mandatory~~ fields are marked with an \*

1. Reference number of the requesting court:

2. Reference number of the requested court:

3. Information from the requested court:

3.1  Jurisdiction is accepted

3.2  Jurisdiction is not accepted

**3.3  Transfer of jurisdiction is accepted**

**3.4  Transfer of jurisdiction is not accepted**

4. The following relevant documents are attached to the reply:

4.1  The decision or the measure taken by the requested court

4.2  Explanation why jurisdiction/transfer of jurisdiction is not accepted\*

4.3  Other (please specify):

**5. Any additional information which might be relevant\*:**

Done at:

On (dd/mm/yyyy):

Signature and/or stamp of the requested court:

Reference number of the communication: